

Charter School Facility Grant Program
(Education Code Section 47614.5)

2001-02 Facility Expenditure Report

Charter Name: _____ CS #: _____
County-District-School (CDS) Code: _____
Name/Title of Contact Person: _____
Phone Number: _____ Fax Number: _____
E-mail: _____
If Multi-site charter:

Name and address of site for this report: _____

Certified P-2 classroom-based ADA at site: _____

Please provide the actual expenditures incurred during the 2001-02 fiscal year.
Information provided on this report is subject to audit. Please refer to the instructions
and the definitions in the California School Accounting Manual (CSAM) prior to completing this form.

	<u>Amount</u>
A. Facilities Rent or Leases:	_____
B. Remodeling:	_____
C. Deferred Maintenance:	_____
D. Installation or Extension of Service Systems and Built-in Equipment:	_____
E. Site Improvements:	_____
TOTAL	_____

I certify that I have completed this form in accordance with the instructions and
that the charter school named above meets all program eligibility requirements.

Name/Title

Signature/Date